(16) BOB

भारत सरकार
GOVERNMENT OF INDIA

गायत्री कुमारी
Gayatri Kumari
जन्म तिथि/DOB: 24/10/1994
महिला/ FEMALE
Mobile No: 7050971774

28/12

7405 9437 4907
VID : 9198 2610 2564 9447

मेरा आधार, मेरी पहचान

AAROGYAM DIAGNOSTICS
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Near Malahi Pakari Chowk, Kankarbagh, Patna-20
9065875700
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www.aarogyamdiagnostics.com

Name :- GAYTRI KUMARI
Pt's ID :- 18/40250
Refd by :- Corp

Age/Sex:-29Yrs/F
Date :-30/06/23

Thanks for referral.

REPORT OF USG OF WHOLE ABDOMEN

Liver :- **Mild enlarged in size (14.1cm)** with normal echotexture. No focal lesion is seen. IHBR are not dilated. PV is normal in course and calibre with echofree lumen.

G. Bladder :- It is normal in shape, size & position. It is echofree & shows no evidence of calculus, mass or sludge.

CBD :- It is normal in calibre & is echofree.

Pancreas :- Normal in shape, size & echotexture. No evidence of parenchymal / ductal calcification is seen. No definite peripancreatic collection is seen.

Spleen :- Normal in size (9.7cm)with normal echotexture. No focal lesion is seen. No evidence of varices is noticed.

Kidneys :- Both kidneys are normal in shape, size & position. Sinus as well as cortical echoes are normal. No evidence of calculus, space occupying lesion or hydronephrosis is seen.
Right Kidney measures 9.5cm and Left Kidney measures 10.4cm.

Ureters :- Ureters are normal.

U. Bladder:- It is echofree. No evidence of calculus, mass or diverticulum is seen.

Uterus :- **Enlarged in size (10.8cm x 6.1cm)** and anteverted in position **with A small hypoechoic area of measuring size 2.1cm x 1.8cm seen in posterior wall of myometrium- Intramural Fibroid.**

Ovaries :- Both ovaries show normal echotexture and follicular pattern. No pelvic (POD) collection is seen.

Others :- No ascites or abdominal adenopathy is seen. No free subphrenic / basal pleural space collection is seen.

IMPRESSION:- *Mild Hepatomegaly.*
A/V Bulky Uterus with A Small Intrmural Fibroid.
Otherwise Normal Scan.

Dr. U. Kumar
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist

Duplicate *

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Date	**30/06/2023**	**Srl No.**	**10**	**Patient Id**	**2306300010**
Name	**Mrs. GAYTRI KUMARI**	**Age**	**29 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value
BOB			
HB A1C	5.4	%	

EXPECTED VALUES :-

Metabolicaly healthy patients	=	4.8 - 5.5 % HbAIC
Good Control	=	5.5 - 6.8 % HbAIC
Fair Control	=	6.8-8.2 % HbAIC
Poor Control	=	>8.2 % HbAIC

REMARKS:-

In vitro quantitative determination of **HbAIC** in whole blood is utilized in long term monitoring of glycemia .

The **HbAIC** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbAIC** be performed at intervals of 4-6 weeksduring Diabetes
Mellitus therapy.

Results of **HbAIC** should be assessed in conjunction with the patient's medical history, clinical examinations
and other findings.

****** End Of Report ******

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST

Duplicate *

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Name	**Mrs. GAYTRI KUMARI**	**Age**	**29 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN (Hb)	**11.0**	gm/dl	11.5 - 16.5
TOTAL LEUCOCYTE COUNT (TLC)	6,600	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	63	%	40 - 75
LYMPHOCYTE	31	%	20 - 45
EOSINOPHIL	02	%	01 - 06
MONOCYTE	04	%	02 - 10
BASOPHIL	00	%	0 - 0
ESR (WESTEGREN`s METHOD)	15	mm/Ist hr.	0 - 20
R B C COUNT	**3.66**	Millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	**34.01**	%	35 - 45
M C V	92.92	fl.	80 - 100
M C H	30.05	Picogram	27.0 - 31.0
M C H C	**32.3**	gm/dl	33 - 37
PLATELET COUNT	2.27	Lakh/cmm	1.50 - 4.00
BLOOD GROUP ABO	"A"		
RH TYPING	POSITIVE		
BLOOD SUGAR FASTING	95.5	mg/dl	70 - 110
SERUM CREATININE	0.84	mg%	0.5 - 1.3
BLOOD UREA	20.1	mg /dl	15.0 - 45.0
SERUM URIC ACID	4.9	mg%	2.5 - 6.0
LIVER FUNCTION TEST (LFT)			

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Name	**Mrs. GAYTRI KUMARI**	**Age**	**29 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value
BILIRUBIN TOTAL	0.60	mg/dl	0 - 1.0
CONJUGATED (D. Bilirubin)	0.19	mg/dl	0.00 - 0.40
UNCONJUGATED (I.D.Bilirubin)	0.41	mg/dl	0.00 - 0.70
TOTAL PROTEIN	**6.5**	gm/dl	6.6 - 8.3
ALBUMIN	**3.3**	gm/dl	3.4 - 5.2
GLOBULIN	3.2	gm/dl	2.3 - 3.5
A/G RATIO	**1.031**		
SGOT	20.9	IU/L	5 - 35
SGPT	26.8	IU/L	5.0 - 45.0
ALKALINE PHOSPHATASE IFCC Method	76.68	U/L	35.0 - 104.0
GAMMA GT	21.9	IU/L	6.0 - 42.0
LFT INTERPRET			
LIPID PROFILE			
TRIGLYCERIDES	90.8	mg/dL	25.0 - 165.0
TOTAL CHOLESTEROL	140.1	mg/dL	29.0 - 199.0
H D L CHOLESTEROL DIRECT	36.8	mg/dL	35.1 - 88.0
V L D L	18.16	mg/dL	4.7 - 22.1
L D L CHOLESTEROL DIRECT	85.14	mg/dL	63.0 - 129.0
TOTAL CHOLESTEROL/HDL RATIO	3.807		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.314		0.00 - 3.55
THYROID PROFILE			
QUANTITY	20	ml.	

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Name	**Mrs. GAYTRI KUMARI**	**Age**	**29 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.025		
PH	5.5		
ALBUMIN	NIL		
SUGAR	NIL		
MICROSCOPIC EXAMINATION			
PUS CELLS	1-2	/HPF	
RBC'S	NIL	/HPF	
CASTS	NIL		
CRYSTALS	NIL		
EPITHELIAL CELLS	2-4	/HPF	
BACTERIA	NIL		
OTHERS	NIL		

Assay performed on enhanced chemi lumenescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.

3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.

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Name	**Mrs. GAYTRI KUMARI**	**Age**	**29 Yrs.**	**Sex**	**F**
Ref. By Dr.BOB					

Test Name	Value	Unit	Normal Value

4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.

5. Although elevated TSH levels are nearly always indicative of primary hyporthyroidism, and may be seen in secondary thyrotoxicosis.

****** End Of Report ******

Dr.R.B.RAMAN
MBBS, MD
CONSULTANT PATHOLOGIST

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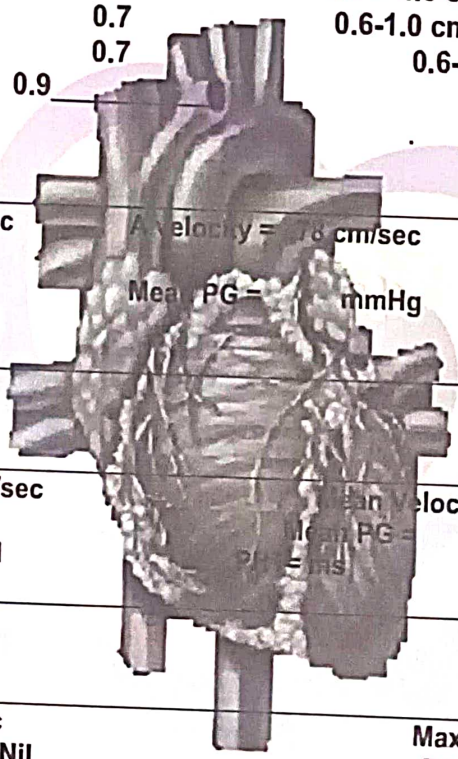
Patient's Name: Mrs. Gyatri K[illegible]	ECHOCARDIOGRAPHY REPORT	Date: 30/06/2023
Ref. By:- Corp		Age/Sex: 29 YRS. /F
Indication for study:- R/O SHD		

MEASUREMENTS:		Normal
Aortic root diameter	2.7	2.0-3.7cm <2.2cm/M²
Aortic valve opening		1.5-2.6cm
Left atrial dimension	2.9	0.9 – 4.0 cm < 2.2 cm / M2
LEFT VENTRICLE:		Normal
ED dimension	4.7	3.7 – 5.6 cm < 3.2 cm / M²
ES dimension	3.3	2.2 – 4.0 cm
ED IVS thickness	0.7	0.6-1.0 cm
ED PW thickness	0.7	0.6-1.0 cm
ES IVS thickness	0.9	
ES PW thickness		



MITRAL VALVE

E Velocity = 99 cm/sec A Velocity = [illegible] cm/sec E/A= DT=
cm/s .
Max. PG = 3.9 mmHg Mean PG = mmHg
Mitral Regurgitation: Nil
Mitral stenosis: Nil

AORTIC VALVE

Max. Velocity = 126 cm/sec Mean Velocity = cm/sec
Max PG = 5.4 mmHg Mean PG = mmHg
Aortic Regurgitation: Nil
Aortic stenosis: Nil Slope=

TRICUSPID VALVE

Max. Velocity = 48cm/sec Max PG = 0.9 mmHg
Tricuspid Regurgitation: Nil PASP = mmHg
Tricuspid stenosis: Nil

PULMONARY VALVE

Max. Velocity = cm/sec Max PG = mmHg
Pulmonary Regurgitation: Nil PAEDP = mmHg
Pulmonary stenosis: Nil

IMPRESSION- bpm : Normal acoustic Window.

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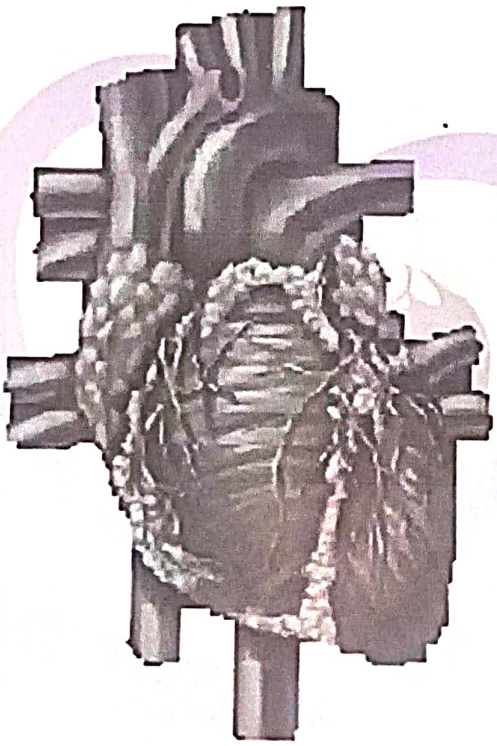
- No Regional wall motion abnormality Seen. Normal LV function.
- LVEF= 60 %
- Cardiac chambers are normal.
- No MR.
- No TR.
- No AR
- Mitral inflow pattern grade-1 diastolic dysfunction.
- No intracardiac clot/vegetation/P.E.

FINAL IMP-

Normal Echo Parameter.
LVEF= 60%



Dr. Sandeep Kumar
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Consultant Cardiologist

MC-2024
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Regd. Office : 5th Floor, Doctor House, Nr. Parimal Garden, Ahmedabad-380006 Gujarat
CIN: U85195GJ2009PLC057059

30704100011

TEST REPORT

Reg.No	: 30704100011	**Reg.Date**	: 01-Jul-2023 13:40	**Collection**	: 01-Jul-2023 13:40
Name	: GAYTRI			**Received**	: 01-Jul-2023 13:40
Age	: 29 Years	**Sex**	: Female	**Report**	: 01-Jul-2023 14:54
Referred By	: AAROGYAM DIAGNOSTICS @ PATNA			**Dispatch**	: 01-Jul-2023 15:13
Referral Dr	: □	**Status**	: Final	**Location**	: 41 - PATNA

Test Name		Results	Units	Bio. Ref. Interval
		THYROID FUNCTION TEST		
T3 (triiodothyronine)		1.22	ng/mL	0.6 - 1.52
T4 (Thyroxine) *CMIA*		7.63	µg/dL	5.5 - 11.0
TSH (ultra sensitive) *CMIA*	H	**8.494**	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:
Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

---------- End Of Report ----------

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